



COUNTY of PLACER EXECUTIVE OFFICE

Attn: Director of Risk Management
175 Fulweiler Ave., Auburn CA 95603
Phone: (530) 886-2600 Fax: (530) 886-2609
www.placer.ca.gov

Public Display of Fireworks Permit Application

(READ CAREFULLY & COMPLETE ALL PAGES OF THIS APPLICATION. IF MORE SPACE IS REQUIRED
AT ANY POINT ON THE FORM, PLEASE ATTACH ADDITIONAL PAGES.)

Part 1 — Application • Display

APPLICANT INFORMATION:

Note: Accuracy of application information is the responsibility of the sponsoring person or organization even if submitted as a joint application with the licensed pyrotechnics operator listed in Part 2 of this form.

Name or Organization: _____

Address: _____

Phone – Office _____ Fax: _____

E-mail: _____

Primary Organization Contact: _____

Phone / Cell: _____

FIREWORKS DISPLAY DETAILS :

Purpose: _____

Address/Location of Display: _____

Display Date(s) _____ Recurring? _____

Time(s) of Display: _____ Duration of Display: _____

Setup Date/Time: _____ Expected Number of Attendees: _____

☐ Display open to general public ☐ Private Party ☐ Other

☐ Special Effects ☐ Theatrical

Part 2 — Licensed Pyrotechnics Operator

LICENSED PYROTECHNICS OPERATOR INFORMATION:

Company Name _____ State Fireworks Lic #: _____

Address: _____

Phone: Ofc: _____ Fax: _____ E-mail: _____

On-scene Pyro Operator Name: _____ Cell: _____

State Fireworks License #: _____

Assistant's Name:

_____ Cell: _____

(List all assistants and State Lic # on separate sheet if necessary)

State Fireworks License #: _____

Part 3 — Fireworks Details (The following information is normally required as part of an application to the local fire department. If it was not included, please complete Part 3)

☐ Manual ☐ Electric ☐ Combination Manual/Electric

Reloading Necessary? ☐ YES ☐ NO

Display May Affect Airport Traffic? YES NO

(NOTE: If "Yes," FAA approval is required and is the responsibility of the Pyro Operator)

Display Occurring Over Water; May Affect Navigation? ☐ YES ☐ NO

(If "yes," a U.S. Coast Guard Marine Permit Application may be required and is the responsibility of the Pyro Operator)

Fireworks Wholesaled by: _____

State Fireworks License #: _____

Fireworks: Attach separate sheet indicating:

Kind: Specify if Aerial, Low Level, Set Piece, Special Effects, etc. (Ex: Aerial:6" - 180; ConcPots - 4; 10 x 15 Gerbs - 10, etc.)

Size: Designate diameter, specifying single, multiple break or salute

Quantity: # of set pieces, shells

FIREWORKS STORAGE :

(Shall comply with Title 27, CFR, Part 55, Sub-part K. Indicate type and location prior to, during, and after the display)

Type: _____ **Indoor** **Outdoor**

Location: _____

Before: _____

During: _____

After : _____

Part 4 - Additional Information

On separate paper or maps, please attach the following:

√ Diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, roads, and other means of transportation, the lines behind which the audience will be restrained, the location of all nearby trees, telephone or power lines or other overhead obstructions.

√ Two copies of a detailed site map, to include dimensions, firing site, fallout zone, projected wind direction, distance(s) to public, etc.

√ Copy of any and all fire department permits.

If necessary, and if required by Placer County, be prepared to provide the following:

√ Detailed site security plan. Site security is either arranged or provided by the applicant.

√ Detailed description of plan for public notification of event, if required. .

SPECIAL NOTES:

An inspection by the local fire department is required prior to the show. The Undersigned agrees to comply with all laws pertaining to fireworks within the County of Placer, and to the rules and regulations adopted by the California State Fire Marshal.

Part 5 – Permit Fee

A permit fee of \$300 is required for each application, whether recurring or for a one time event. Please remit by check only, payable to: *County of Placer Fireworks Display Permit*. Applications received without payment will not be considered.

APPLICANT'S SIGNATURE _____

PRINTED NAME_____

DATE